



Goddard Procedural Requirements (GPR)

DIRECTIVE NO.	<u>GPR 1800.2</u>	APPROVED BY Signature:	<u>Original Signed by</u>
EFFECTIVE DATE:	<u>February 22, 2005</u>	NAME:	<u>Edward J. Weiler</u>
EXPIRATION DATE:	<u>February 22, 2010</u>	TITLE:	<u>Director</u>

COMPLIANCE IS MANDATORY

Responsible Office: Code 250 / Safety and Environmental Division

Title: Occupational Health Program

PREFACE

P.1 PURPOSE

This directive defines the requirements for the implementation and management of the Occupational Health Program at Goddard Space Flight Center (GSFC). The purpose of the GSFC Occupational Health Program is to enhance overall mission effectiveness by protecting human resources in the workplace, reducing costs, and improving performance in compliance with applicable laws and regulations. The basic strategy of the Center occupational health program is to encourage the interrelationships within the Safety, Environmental, and Occupational Health (SEOH) organizations to build a better workforce. This is accomplished through collaboration and integration working toward the following:

- Structuring SEOH actions to minimize interference with and maximize support of operations while not exposing personnel to undue risk;
- Prioritizing work based on risk reduction, the opportunity to improve performance and/or reduce costs;
- Providing SEOH technical expertise to workplace supervisors to support risk management and improve productivity;
- Coordinating and working with other installation SEOH professionals to achieve the most effective operations for NASA and GSFC; and
- Compliance with legal requirements.

P.2 APPLICABILITY

This directive is applicable to all GSFC personnel, facilities, and activities, including all permanent and temporary sites. This directive shall also apply to all GSFC tenant organizations, contractors, grantees, clubs and other persons operating under the auspices of GSFC or on GSFC property as required by law and as directed by contractual, grant, and agreement documents. For this document, the term GSFC shall encompass GSFC, Greenbelt, MD; Wallops Flight Facility (WFF), Wallops Island, VA; Goddard Institute for Space Studies (GISS), New York, NY; and Independent Verification and Validation (IV&V) Fairmont, WV.

The GSFC Health Unit is available to non-NASA employees in instances of emergency only. The GSFC, Greenbelt, Fitness Center is not open to non-NASA employees at any time. At WFF, the fitness facility is a club under WEMA and is open to all personnel on the facility.

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P.3 AUTHORITY

- Executive Order 12196, Occupational Safety and Health Programs for Federal Employees
- 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters
- [NPD 1800.2, NASA Occupational Health Program](#)
- [NPD 1820.1, NASA Environmental Health Program](#)

P.4 REFERENCES

- 29 CFR 1960, Subpart D, Inspection and Abatement
- Public Law 104-191, Health Insurance Portability and Accountability Act of 1996
- [NPD 1382.17](#), NASA Privacy Policy
- [NPR 1800.1](#), NASA Occupational Health Program Procedures
- [GPR 8621.1](#), Reporting of Mishaps, Incidents, and Close Calls

P.5 CANCELLATION

GMI 1800.1, Goddard's Occupational Medicine and Health Program

P.6 SAFETY

Personnel shall comply with all safety guidance in their workplaces.

P.7 TRAINING

The GSFC Industrial Hygienist (IH) shall work with Office of Human Resources (OHR) to provide occupational health training, (e.g., respiratory protection, hazard communications, chemical hygiene, asbestos awareness) to all employees who require it. OHR shall keep training records in accordance with GSFC requirements.

P.8 RECORDS

Record Title	Record Custodian	Retention
Environmental Health Data	Health Unit	NRRS 1/132A2 . * Destroy when 2 years old.
Employee Medical Folder	Health Unit	NRRS 1/127A . * Thirty days after separation, transfer to National Personnel Records Center, St. Louis, MO. NPRC will destroy 75 years after birth date, 60 years after date of the earliest document in the folder if the date of birth cannot be ascertained, or 30 years after latest separation, whichever is later.

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Non-Occupational Health Record Files (Civil Servants)	Health Unit	<u>NRRS 1/127B1</u> . * Destroy 6 years after date of last entry.
Non-Occupational Health Record Files (Contractors)	Health Unit	<u>NRRS 1/127B2</u> . * Destroy 8 years after individual's employment onsite is terminated

*NRRS– NASA Records Retention Schedules ([NPR 1441.1](#))

P.9 METRICS

The Occupational Health Working Group (OHWG) shall determine metrics. The OHWG shall review them at least annually and make any required changes to ensure the metrics monitor the “health” of the programs under the auspices of the OHWG. The metrics will be briefed to the Goddard Safety Council at the request of the Council or at least annually.

P.10 DEFINITIONS

Similar Exposure Group – A grouping of GSFC employees who have similar exposures to risks or stressors that may require medical surveillance.

P.11 ACRONYMS

FMD – Facilities Maintenance Division
GSFC – Goddard Space Flight Center
IH – Industrial Hygienist
IHO – Industrial Hygiene Office
OHE – Occupational Health Examination
OHO – Occupational Health Office
OHR – Office of Human Resources
OHWG – Occupational Health Working Group
OSHA – Occupational Safety and Health Administration
PPE – Personal Protective Equipment
S&E – Safety and Environmental Division
SEOH – Safety, Environmental, and Occupational Health
WAR – Workplace Assessment Report
WFF – Wallops Flight Facility

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PROCEDURES

In this document, a requirement is identified by “shall,” a good practice by “should,” permission by “may” or “can,” expectation by “will,” and descriptive material by “is.”

1. ROLES AND RESPONSIBILITIES

1.1 Center Director

The Center Director shall provide a safe and healthy workplace for all GSFC workers and control to the greatest extent possible all recognized hazards.

1.2 Goddard Safety Council

The Goddard Safety Council will receive the report of the OHWG and use that data to improve the overall safety and health of the GSFC community.

1.3 Director of Management Operations

The Director of Management Operations shall:

- a. Monitor execution and cost of the Center Occupational Health Program through routine meetings with representatives of the Safety and Environmental (S&E) Division;
- b. Ensure availability of appropriate funds to execute the Occupational Health Program;
- c. Ensure that timely and safe transport to offsite occupational health services is available;
- d. Establish and/or maintain a mutual aid agreement with the surrounding community; and
- e. Facilitate corrective actions in the best interest of GSFC and NASA.

1.4 Chief of S&E

The Chief of S&E shall:

- a. Provide management oversight for the occupational health program;
- b. Develop and implement methods (support agreements, contracts, etc.) to augment the occupational health program where required or necessary personnel are not assigned;
- c. Assign physicians to serve as GSFC Medical Director and WFF Medical Director;
- d. Establish and/or maintain the OHWG;
 - (1) Appoint permanent members to the OHWG. The permanent members should be representatives from radiation safety, industrial hygiene and occupational medicine. Other specialists may be called to meet transient needs and local business practices. These consulting members include personnel from OHR, Safety, Security, and Office of Chief Counsel, as well as workplace supervisors, union representatives, and contracting officers. (This section is not meant to dictate OHWG membership. Examples provided are for information. Team membership is at the discretion of the Chief, S&E, to most effectively manage Center or remote site-unique problems.)

- (2) Chair or appoint a chairperson for the OHWG.
- e. Represent the OHWG to the Director of Management Operations; and
- f. Develop an industrial hygiene program for the Center.

1.5 GSFC Medical Director

The GSFC Medical Director shall:

- a. Provide the medical services delineated in NPR 1800.1, NASA Occupational Health Program, or provide medical surveillance deemed “industry standard” by the American College of Occupational and Environmental Medicine;
- b. Through OHWG representation, ensure that medical standards are appropriate for each employee;
- c. Conduct special surveys and investigations or assist in their conduct where health and medically related matters are concerned;
- d. Ensure that a written medical evaluation program is in place to meet NASA and OSHA requirements, and to provide health surveillance, appropriate treatment, medical removal, response and documentation of all employee health or medical concerns/complaints. Provide consultation for investigation of potential health exposures and implementation of protective measures;
- e. Provide liaison with health authorities and medical practitioners in the surrounding communities to facilitate referrals and/or transfers of patients from the Center to community hospitals and exchange of information of public health concern;
- f. Provide consultation for supervisors regarding appropriate accommodations for employees with physical or psychological limitations, or employees returning to work after illness or injury;
- g. Collect data from clinical programs. The data shall be reviewed for epidemiological significance, and then be utilized for determining where interventions are needed, and the interventions subsequently coordinated with the authorized NASA occupational health offices;
- h. Submit medical reports and data as requested by the Director, Office of Occupational Medicine, NASA Headquarters, with employee’s consent;
- i. Ensure that if a potential hazardous occupational exposure is detected during a health examination, the IH is notified of the possible exposure and properly investigates;
- j. Ensure that medical evaluation and management of medical restrictions are written, implemented, and meet OSHA requirements;
- k. Ensure that the Center has a plan in place to provide timely and safe transport to medical services for injured personnel;
- l. Ensure that GPR 1800.3, Bloodborne Pathogens, is updated and current; and
- m. In the case of an emergency involving a minor, ensure that consent of parent(s) or legal guardian is obtained.

1.6 Center Industrial Hygienist (IH)

The Center IH shall:

- a. Ensure that the IH Program directive is written and in place;
- b. Execute the IH-developed Process-based Surveillance Process;
- c. Ensure Industrial Hygiene Office (IHO) participation in the OHWG;

- d. Provide consultation on occupational health hazard risk assessment and risk management (recognition, evaluation, and control);
- e. Review plans, programs, designs and protocols from researchers, laboratory employees, and Center support organizations to anticipate and prevent occupational hazards and to highlight occupational health requirements;
- f. Assist supervisors in developing risk management measures in order to facilitate the incorporation of risk management into their operations;
- g. Manage occupational health information according to NPD 1382.17, NASA Privacy Policy, and Public Law 104-191, Health Insurance Portability and Accountability Act of 1996;
- h. Provide occupational health-related training, such as respiratory protection;
- i. Investigate all suspected occupational illnesses;
- j. Collect environmental health data to coordinate with the GSFC Medical Director to provide epidemiology services to the OHWG;
- k. Function as the Respiratory Protection Program Manager;
- l. In conjunction with Center audiology support, function as the GSFC Hearing Conservation Officer;
- m. Develop a master list of all workplaces included in the IH area of responsibility;
- n. Develop a master surveillance schedule based on the workplace categorization, available resources, and surveillance frequency requirement determined by IH personnel;
- o. Perform activity assessments according to the master schedule using 29 CFR 1960, Subpart D, Inspection and Abatement, as a guide for performing the assessment;
- p. Periodically assess adherence to the routine surveillance plan and adjust as needed;
- q. Prioritize special evaluations;
- r. Perform special surveillance projects in priority order;

1.7 Office of Human Resources (OHR)

The OHR shall:

- a. Include a description of physical demands in all job descriptions;
- b. Review employee suitability for jobs they are expected to perform;
- c. Work with supervisors to provide employees with reasonable accommodations due to medical reasons; and
- d. Notify the health unit of new hire actions in job series identified as having medical surveillance requirements, and communicate that need to the employees and their supervisors.

1.8 Workers Compensation Office

The Workers Compensation Office shall:

- a. Provide trend data on workers compensation claims to assist the OHWG in determining prioritization of occupational health resources;
- b. Attend OHWG meetings; and
- c. Prepare and monitor employee claims.

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1.9 Division Chiefs

Division Chiefs or levels higher than supervisors shall:

- a. Ensure that training necessary to reduce workplace hazards is available for all employees;
- b. In conjunction with the OHWG, ensure that medical surveillance evaluation completion rates are 100 percent;
- c. Ensure medical restrictions are enforced with high priority at a division level;
- d. Ensure appropriate portions of this directive, relating to contractor personnel, are reflected in contracts; and
- e. Review summaries of exposure reports and ensure that sufficient resources are available to accomplish corrective actions. Support workplace supervisors in implementing corrective actions.

1.10 Supervisors

Supervisors shall:

- a. Provide training as necessary to reduce workplace hazards to all employees (e.g., hazard communications, chemical hygiene, asbestos awareness, etc.);
- b. Ensure that all employees are aware of potential health exposures in their work environment or job-related function;
- c. Ensure employees requiring medical surveillance have been seen at the health unit prior to beginning work;
- d. Report any job-related illness or injury in accordance with GPR 8621.1, Reporting of Mishaps, Incidents, and Close Calls;
- e. Ensure that employees are able to perform essential job functions without harm to themselves or others;
- f. Notify the Health Unit and the IHO when it is possible that employees or their co-workers may have been exposed to occupational environmental stressors, such as infectious diseases, toxic substances, or physical hazards;
- g. Ensure that civil service employees report to the Health Unit before returning to work after an illness lasting 5 or more days or any occupational injury;
- h. Ensure that medical surveillance evaluation appointments are kept;
- i. In consultation with Medical Director and OHR, review medical restrictions of employees and appropriate accommodations;
- j. Ensure complete process hazard analyses, job safety analyses, or task safety analyses are available in the workplace files;
- k. Implement corrective actions for problems noted in the WAR;
- l. Distribute WARs to employees, post on workplace Safety Bulletin board, and replace when obsolete; and
- m. Inform the Health Unit or IHO of worker's concerns.

1.11 Employees

Employees shall:

- a. Maintain awareness of current potential work-related health exposures;
- b. Attend training identified by S&E and provided by the supervisor;
- c. Notify their supervisor and the Health Unit of any job-related illness, injury, or possible exposure to workplace stressors, such as infectious diseases, toxic substances, or physical hazards;
- d. Obtain pre-travel physical examination in a timely manner, as necessary, prior to international travel;
- e. Provide input to the safety analyses applicable to their work area; and
- f. Communicate all occupational health concerns to the responsible office (e.g., IHO, OHO) through their supervisor or other appropriate channel.

1.12 OHWG

The OHWG shall:

- a. Implement and execute the local occupational health program under the auspices of the Chief, S&E;
- b. Determine, recommend and document medical surveillance for all similar exposure groups using authoritative references such as OSHA and American College of Occupational and Environmental Medicine;
- c. Implement procedures to update requirements when changes occur;
- d. Implement appropriate procedures for reporting and investigation of suspected OH occurrences;
- e. Design, implement and assess measures to improve the local occupational health program.
Improvement areas include but are not limited to
 - (1) Measures to complete occupational examinations and decrease occupational injury and illness rates;
 - (2) Measures to improve overall program efficiency;
 - (3) Methods to decrease compensation costs; and
 - (4) Methods to improve cost and performance. These measures will be tailored to the needs of each working group member.
- f. Brief the Goddard Safety Council at least annually on program effectiveness;
- g. Discuss identified training shortfalls, including adverse occurrences that may represent training deficiencies, and develop effective strategies to address them;
- h. Determine, recommend, and document training, documentation, and notification requirements for medically significant hazards;
- i. Identify and implement opportunities to improve worker health, enhance mission effectiveness, including decreased costs and increased performance, and otherwise meet customer needs; and
- j. Establish, document, and communicate occupational health requirements to supervisors.

1.13 Contractors

Contractors shall comply with the occupational health clauses in their contracts.

2. IH SURVEILLANCE PROGRAM

2.1 Purpose

The industrial hygiene surveillance program will be process-based. Process-based surveillance is done by breaking the work accomplished into the component tasks required to deliver a product. The process can be subdivided into activities and further divided into tasks. The process, activity, or task is assessed to determine what stressors are present. The assessments consist of workplace visits performed to determine the level of additional monitoring required to characterize the potential risks, validate the adequacy of controls, and determine compliance with health-related programs, standards, and laws. The workplace assessment provides a “triage” function for follow-on execution of well-defined special evaluations of activities. During routine surveillance, it may become apparent that additional IHO resource investment is needed to better characterize risks posed by activities, improve hazard controls, or improve compliance with specific regulatory requirements. Special surveillance evaluations are identified to fill these needs.

2.2 Industrial Hygiene Surveillance Program Requirements

Process-based surveillance is organized into three basic survey or inspection types: Comprehensive Baseline Surveillance, Routine Surveillance, and Special Surveillance.

- a. Comprehensive baseline survey – The initial survey done when a laboratory or shop is first set up or identified to the IHO. The comprehensive baseline is a lengthy survey performed to detail potential worker health risks; data required to characterize the health risks; additional evaluations needed to obtain the required data; processes in which different control technology may be applicable; and compliance with occupational health programs and regulatory requirements.
- b. Routine surveillance – Comprises the surveys whereby the IHO periodically reassesses workplace structures and processes to confirm and/or update information gathered during the comprehensive baseline survey.
- c. Special surveillance – Surveys designed for the IHO to further characterize the health risk to the workers through specific monitoring, such as sound level measurements, air sampling, ventilation surveys, thermal stress surveys, etc. The results of the additional monitoring are interpreted by comparison with health standards. The documented health risk assessment is then conveyed to the workplace for subsequent information and action. All surveys requested by Center personnel will be included as special surveillance.

The process-based approach provides a framework to:

- a. Shift surveillance and control efforts to those activities posing the highest risk;
- b. Anticipate, recognize, and evaluate workplace hazards to minimize the risk posed by GSFC activities on health and the environment;
- c. Mitigate exposures by prescribing process/product substitution, installation of engineering controls, application of administrative controls, or proper use of Personal Protective Equipment (PPE) in any suitable combination;

- d. Promote compliance with Federal, state and local occupational safety and health, nuclear regulatory, and environmental protection standards and requirements; and
- e. Advance from simple quantification of exposures and use of expedient controls that result in long-term monitoring, occupational physical exams, or extensive use of PPE to application of risk-based engineering principles to solve problems and effect lasting solutions.

3. MEDICAL SURVEILLANCE PROGRAM

3.1 Purpose

The purpose of medical surveillance is to ensure that GSFC operations do not adversely affect the health of workers; meet specific regulatory requirements for medical monitoring; and provide adequate personal protective measures and/or equipment. These examinations fall into four basic types: pre-placement, periodic, termination of exposure, and termination of employment.

- a. **Pre-placement (or Baseline) Occupational Health Examination (OHE).** These examinations are performed as required by applicable regulations before placement of an employee in a specific job to assess (from a medical standpoint) if the worker will be able to perform the job capably and safely, to determine if the worker meets any established medical standards, and to obtain baseline measurements for future comparison. These medical examinations shall be done before commencement of work.
 - (1) This exam shall be accomplished prior to exposure for all workers permanently or temporarily assigned to work areas that require medical monitoring for 30 or more days per year unless more stringent requirements exist. For example, respirator wearers must receive a baseline medical evaluation from an occupational health practitioner regardless of anticipated duration of work.
 - (2) To accommodate supervisor needs and mission requirements for transitory assignments to other processes, multiple baseline exams may be accomplished at the same time.
 - (3) Any conditions that may predispose workers to Occupational Health Occurrences must be documented in the medical record. Only after the employer has addressed reasonable accommodation will those conditions constituting a direct threat to the worker's personal safety or the safety of others be considered disqualifying factors.
- b. **Periodic OHE.** Periodic OHEs are accomplished as required by applicable regulations to identify early changes in health status and may include medical monitoring to detect evidence of exposure, including subtle biologic changes indicative of Occupational Health Occurrences.
- c. **Termination of Exposure OHE.** An evaluation accomplished upon termination of exposure or transfer to another workplace as required by applicable regulations. Normally, this OHE will be the same as the periodic evaluation. Generally, if a periodic OHE was accomplished within the last 90 working days, a termination of exposure OHE will not be required.
- d. **Termination of Employment OHE.** These evaluations are accomplished as required by applicable regulations to characterize worker health at termination of employment (separation, retirement, transfer, job change).

3.2 Defining Occupational Health Examination Requirements

The Medical Director for GSFC or Wallops defines all OHE requirements at the OHWG.

- a. Examination content and frequency are based on an understanding of the job demands, exposures to the workers, the medical effects of specific exposures, the impact of specific medical conditions on job performance and safety, and legal and regulatory requirements.
- b. Protocols may include employee health promotion and personnel programs.
- c. OHWG must be aware of collective bargaining agreements and support agreements that entitle specific employee groups to health benefit programs or other medical benefits.
- d. If examinations are deemed inappropriate or of little value, document the decision rationale.
- e. Determine regulatory requirements for examinations.

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CHANGE HISTORY LOG

Revision	Effective Date	Description of Changes
Baseline	02/22/05	Initial Release

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